

I look forward to Kelly Craft's great leadership as Ambassador to Canada, and I urge a swift confirmation process in the Senate.

#### SENATE BILL A MARCH BACK TO BAD OLD DAYS FOR WOMEN

(Mrs. CAROLYN B. MALONEY of New York asked and was given permission to address the House for 1 minute.)

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, some of my friends and colleagues on the other side of the aisle continue to claim that, under the Senate's healthcare plan, women will be protected from discrimination. They won't be charged more for their healthcare than men. However, the facts show that nothing could be further from the truth.

The Senate bill actually targets women for the cruelest cuts of all. It does so by allowing States to do away with guaranteed access to essential health services, now available under the Affordable Care Act. They are services like maternity care, no-cost birth control, and mammogram screening.

But the Senate plan would allow States to completely waive any guarantee of service. States could, once again, allow insurers to consider pre-existing conditions, like pregnancy, in setting fees and allow them to charge more. Plus, \$800 billion in Medicaid cuts and defunding Planned Parenthood disproportionately harms women.

Mr. Speaker, no matter how many times they say otherwise, they are marching back to the bad old days for women.

#### DEBT AND DEFICIT

The SPEAKER pro tempore (Mr. BERGMAN). Under the Speaker's announced policy of January 3, 2017, the gentleman from Arizona (Mr. SCHWEIKERT) is recognized for 60 minutes as the designee of the majority leader.

Mr. SCHWEIKERT. Mr. Speaker, I yield to the gentlewoman from Ohio (Ms. KAPTUR), who has always treated me very kindly.

#### NAFTA NEGOTIATIONS

Ms. KAPTUR. Mr. Speaker, as NAFTA renegotiation approaches, I rise to call attention to the mammoth U.S. trade deficit with our NAFTA nation partners.

Our current deficit with NAFTA nations is \$74 billion. This red on the chart translates into tens of thousands of lost U.S. jobs, all while wages are depressed for North America's struggling workers. Since NAFTA's passage, there hasn't been a single year of trade balance for this country. That translates into lost jobs.

Thus far, President Trump has failed to correct these trade deficits. In fact, the trade deficit this year has ballooned to more than \$22 billion from the same period in 2016.

Balanced trade accounts in 5 years should be first on our agenda. My bill,

the Balancing Trade Act, H.R. 2766, requires the administration to address trade deficits of more than \$10 billion with any nation.

As negotiations near, let's focus on key principles such as vigorously enforcing a first world rule of law; including labor provisions that allow workers across this continent to improve their standard of living and outlaw labor trafficking; enact environmental standards for human health and forge an agricultural labor agreement that helps displaced farmers; reform the unaccountable tribunals called Investor-State Dispute Settlements so that they work for people, not just big corporations; address currency manipulation; and, finally, stamp out the illegal drug trade that is plaguing this continent.

The wealth NAFTA created has not been shared by all, but only a very few, and often only the very rich. Our foundational principle for NAFTA reform must be free and fair trade among free people with a rule of law.

Mr. SCHWEIKERT. Mr. Speaker, this is one of those things I partially do, I think, as therapy. About once every other month, I ask for a block of time to try to take a bunch of very complex numbers and try to find ways to put them on boards and demonstrate them.

I am going to take a little divergence just for a moment or two, in response to some of the things I have heard today. We are actually going to focus on debt and deficit and what is actually demographically driving them, what is really happening in this country, and what is going to drive all public policy in our life.

You have had a handful of things said about the ACA—many people know it as ObamaCare—and our replacement. I know some of the things that the Senate is working on.

There is a math problem—and it is very simple—in the individual market. So if you hear someone turn to you and say, This is about healthcare for everyone or this is employer-based, or Medicare, it is not.

In my congressional district, less than 2 percent of my population actually purchased in the individual market. So you have to start putting this in perspective.

Here is your math problem. Because the prices kept moving up and the deductibles kept becoming larger and larger, half of our population—that 50 percent that only uses 3 percent of healthcare dollars—stopped buying.

I came across a number earlier this week—I haven't had a chance to vet it, but it was in a publication—saying that, of the 18- to 30-year-old population that would be in the individual purchasing market, only about 17 percent of them were actually buying the insurance.

So those of you who do math, you start to understand what happens in a world where half the population that really uses very little healthcare services doesn't buy a product and those who are purchasing it are those who are the high users of it.

Remember, 50 percent of all healthcare dollars are used by 5 percent of the population. So you start to see it is this hockey stick curve that shoots up. That is the math problem that is trying to be fixed.

In the last 3 years, if you are from Arizona, you have had a 190 percent price hike in the mean plan and you have a single choice. So if we are going to be intellectually honest, should we hold our brothers and sisters around here to their own words and their own promises? You remember the promises a few years ago about keep your doctor, \$2,500 discount, lots of choices, lots of options, well, in Arizona, your prices have skyrocketed, you didn't get to keep your doctor, and you now have a single choice.

□ 1745

That is the reality of the math. Sometimes it is just so hard sitting here when you hear people just pulling things out of the air, and then you go to the bill and say: But I can't find that.

And you get these weird logic trains that if this happened and a meteor hit here and this and that. At some point we need to be honest with the American people saying it is a math problem. This is not about removing costs from the healthcare system. It is actually moving around, how you fairly distribute the cost of it.

This summer now we are starting to work on it, just like we voted on about an hour ago a piece of legislation that starts to remove cost out of the system. It is these future pieces of legislation, like the tort liability bill that was just passed out of the House here, that will actually start to drive down costs.

Remember a really important conceptual idea: in 1986, there was a law passed here, signed by President Reagan, that said you cannot deny an American health services if they show up at the emergency room, if they show up at the hospital.

So if you actually look at the number of procedures in society in the last 30, 31 years, pre-ACA, after the ACA came into effect, what we see in the future, we haven't removed procedures and costs. We have just moved the money around.

All right. So what is happening in our country? Do you remember when the President introduced his budget, what, about 6 weeks ago, 2 months ago, and the gnashing of teeth and the wailing and the crying?

We have a math problem, and it is based on demographics. We are going to see this multiple times in these slides. I am one of them. I am at the very tail end. I am a baby boomer. There are 76 million of us who are baby boomers, who are heading towards retirement. That demographic curve is changing the cost structure of government.

On the slide you see next to me, this is 9 years from now. Remember, we are